

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

CATAWBA HOSPITAL

ANITA S. EVERETT, MD

INSPECTOR GENERAL

OIG REPORT # 78-03

Facility: Catawba Hospital

Catawba, Virginia

Date: February 26, 2003

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Cathy Hill, LPC.

Heather Glissman, BA

EXECUTIVE SUMMARY

Snapshot Inspection was conducted at Catawba Hospital (CAT) in Catawba, Virginia on January 22 and February 25, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients. A review of the application of the principles of behavioral management was also conducted.

A tour was completed on all four of the units within the facility. There is an admissions unit, a short term adult unit, a long term care unit for young adults and the geriatric unit. Overall, the facility was noted to be a safe, clean and comfortable environment. The facility has made efforts to make this very institutional setting more home-like. Recently a large screen television was donated for each of the units.

Staffing patterns were appropriate during the time of this inspection. There were adequate numbers of staff present to safely and appropriately supervise these patients. CAT operates 110 beds; the total census during the inspection was 101.

PART I: STAFFING ISSUES	
1. Number of staff scheduled for this shift for this unit?	Day Shift – February 25 Unit 2 – 30 residents 3 RN's 2 LPN's 5 CNA's Unit 4 – 20 residents 1 RN 1 LPN 3 CNA's

	<p>Unit 5 – 22 residents</p> <p>2 RN's</p> <p>1 LPN</p> <p>3 CNA's</p> <p>Unit 6 – 29 residents</p> <p>2 RN's</p> <p>1 LPN</p> <p>5 CNA's</p>
2. Number of staff present on the unit?	Observations of unit staffing revealed that staffing was as indicated above.
3. Number of staff doing overtime during this shift or scheduled to be held over?	Review of staffing indicated that there were no staff working overtime.
4. Number of staff not present due absence because of workman's compensation injury?	Interviews revealed that during the time of the inspection there were no staff out on Workers Comp Leave.
5. Number of staff members responsible for one-to-one coverage during this shift?	Review of staffing indicated that there were 2 staff members assigned to a 1:1 coverage during this shift.

6. Are there other staff members present on the unit? If so, please list by positions?

Interviews with staff indicated that the following professional staff are on all four units throughout the day: Nursing Supervisors; Social Workers; Psychologist; Activities Therapists and Occupational Therapists and Psychiatrists.

7. Additional comments regarding staff:

Catawba Hospital has a very institutional appearance, despite the many efforts made by the staff to create a more home-like environment. The facility's design is consistent with its original function as a tuberculosis sanatorium. This includes long extended hallways. In order to provide for increased observation and safety of the patients, the facility has hall monitor positions. Interviews with direct care staff indicated that these positions provide a number of valuable services for the unit. The monitors are positioned in the halls for the purpose of observing the interactions of the patients, for increased safety, monitor those at risk of falling, and to conduct visual checks on each of the patients.

Interviews with staff indicated that the unusually severe weather conditions this winter have resulted in an increased use of overtime within the facility. Staff indicated that the facility often provides transportation for staff as well as accommodations if stay over was necessary. Administrative staff praised the commitment of the staff in working to assure that adequate coverage was provided. It was noted that many staff volunteered to come in early and to stay over in order to maintain safe staffing levels in inclement weather.

OIG Finding 1.1: Catawba maintains a staffing pattern that is consistent with the facility expectations. Staffing patterns allows for the safe supervision and treatment of the patients. The compassion and dedication of this staff support therapeutic environment.

OIG Recommendation: None.

DMHMRSAS Response: The Department appreciates the OIG's recognition of this very professional staff.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit:

2. Census at the time of the review:

Unit 2: 30

Unit 2: 30

Unit 4: 20

Unit 4: 20

Unit 5: 30

Unit 5: 22

3. Number of patients/residents on special hospitalization status

Interviews with staff indicated that none of the patients at the time of the inspection were away on special hospitalization.

4. Number of patients/residents on special precautions?

Interviews with staff indicated that one patient was on special precautions due to a medical infectious disease condition during the time of the inspection.

5. Number of patients/residents on 1 to 1?

Interviews with staff indicated that two patients were on 1:1 with staff during the time of the inspection.

6. Identify the activities of the patients/residents?

Catawba provides active treatment programming at an off-unit treatment mall as well as on selected units depending upon the stability and level of functioning of the patients. Program selections on the date of the inspection included an illness education group, community reintegration skills group and a relapse prevention group. Direct care staff related that patients have indicated that their favorite groups are those that provide them with practical information for managing their lives within the community. An example of this is the money management group.

7. What scheduled activities are available for patients/residents during this shift?

Interviews with staff and tours of the facility indicated that during the day shift the facility offers a treatment mall for patients to attend according to their treatment plan. The treatment mall offered a scheduled set of classes that included options on the day of the inspections. Some of the classes offered included: Motivational Enhancement; Horticulture; Vocational Education; Music Therapy; Social Skills; Engagement Groups; Arts and Crafts; Stress Management; Relapse Prevention; and Leisure and Recreation. For the patients that were unable to leave their wards activities were offered on the units that included much of the same classes offered in the treatment mall.

8. Are smoke breaks posted?

Smoke breaks are established for each unit. The times were posted on only one unit, yet patients seemed aware of the times in which the breaks were scheduled to occur.

9. Do patients/residents have opportunities for off-ground activities?

Interviews revealed that the patients have opportunities for participating in off-groups activities.

10. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that patients do have the opportunity for snacks as set by their nutritional management plan.

11. Other comments regarding patient activities:

Patients' participation in active treatment was documented in the five current records that were reviewed by OIG staff. Barriers for discharge were clearly outlined in each patient's treatment plan, which served as the basis for the treatment team's referrals for active treatment as well as other treatment interventions.

OIG Finding 2.1: Catawba provides a variety of active treatment programs for the patients based on their stability and level of functioning.

OIG Recommendation: None

PART III: INSPECTION OF THE ENVIRONMENT

AREA OF REVIEW:	Comments and Observations
Common Areas	
1. The common areas are clean and well maintained.	Tours of all common areas of this facility confirmed that each area was clean, free of odors and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of each unit indicated that furniture in bedrooms and in common areas was adequate to meet the needs and numbers of patients on each unit.

3. Furniture is maintained and free from tears.	Tours of each residential area indicated that furniture was free from tears and is well maintained.
4. Curtains are provided when privacy is an issue.	Tours of all residential units confirmed that curtains and other coverings are provided for patient privacy.
5. Clocks are available and time is accurate.	Tours of all four units indicated that clocks were available in public areas and had the correct time.
6. Notification on contacting the human rights advocate are posted.	Tours of each unit indicated that a poster providing information on how to contact the Human Rights Advocate is posted in a public area of each unit.
7. There is evidence that the facility is working towards creating a more home-like setting.	Tours of each residential unit indicated that there is evidence that the facility is working to create a more homelike atmosphere in this very institutional setting. As noted in the past inspection reports, the facility has painted murals in order to brighten the environment. Recently the Director was able to secure a donation of large screen televisions for each of the units.
8. Temperatures are seasonally appropriate.	Tours of each unit during all three shifts confirmed that temperatures were seasonally appropriate.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Tours of visiting area and observations of family's visiting with clients indicated that the areas designed as visiting areas were set up appropriately.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with staff indicated that clients have access to communication materials and literature.

11. Hallways and doors are not blocked or cluttered.	Tours of units indicated that hallways and doors are not blocked and cluttered.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with the patients revealed that they had been properly oriented to the information necessary for safely exiting the unit in the event of a fire.
14. Fire drills are conducted routinely and across shifts.	Interviews with staff indicated that fire drills are conducted once per shift monthly.
Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well-maintained.	Tours of all residential units indicated that all bedrooms are clean, comfortable and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours of bedrooms on all units indicated that each patient is furnished with a mattress, sheets, blankets and a pillow. There is a linen closet for the storage of additional linens and pillows if needed or requested by the patients.
3. Curtains or other coverings are provided for privacy.	Tours of residential units revealed that curtains were provided for privacy except in several bedrooms on the behavioral unit. It was explained that the patients had the tendency to tear them down. Staff also indicated that this was not a significant privacy issue as the facility is in a very remote location.

4. Bedrooms are free of hazards such as dangling blind chords, etc.	Tours of the residential units indicated that bedrooms are free of hazardous dangling cords.
5. Patients/residents are able to obtain extra covers.	Interviews with staff indicated that patients are able to obtain extra linens and covers.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with staff and tours of bedrooms indicated that patients are given the opportunity to personalize their rooms and staff will work with them and families to expedite their requests. It was also noted that most of the patients do not choose do to the amount of time expected to be at the facility or the means to decorate their rooms.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	Seclusion rooms were noted to be clean.
2. Seclusion and/or time out rooms allow for constant observations.	Seclusion rooms allow for continuous observation.
3. Bathrooms are located close to the seclusion or time-out areas.	Bathrooms are located next to the seclusion rooms and were noted to be clean.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Tours of unit bathrooms indicated that all were cleaned and well maintained.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms indicated that all were odor free.

3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations
1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were free of hazardous conditions. The inspection occurred during the day so the team did not observe whether the areas were well-lit.
2. Buildings are identified and visitor procedures for entry posted.	Interviews with staff indicated that visitors are only permitted to enter through the main entrance of the hospital. Upon entrance visitors are required to sign in with the main receptionist and receive a numbered visitors badge prior to entering any other part of the hospital. Upon exit, visitors are required to sign out and return their visitors badge to the main receptionist.
3. Grounds are maintained.	A tour the grounds confirmed that they were well maintained.
4. There are designated smoking areas with times posted.	Smoking times were posted on all the units except for the behavioral unit.
5. Patients/residents have opportunities to be outside.	Interviews with staff indicated that patients regularly go outside on and off grounds, weather permitting.

OIG Finding 3.1: Tours of the facility revealed that the hospital was clean, comfortable and well maintained.

OIG Recommendation: None.

PART FOUR: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT

Members of the inspection team reviewed documentation regarding behavioral programming and treatment planning as outlined through policy and procedures and in three patient medical records. Interviews were completed with clinical, administrative and direct care staff relevant to the behavioral management programming offered at the facility.

Catawba Hospital uses a number of behavioral programming strategies on the unit management level as well as in the formation of individualized assessments and treatment planning. Formal behavioral therapy plans are developed when the treatment team determines it is clinically indicated. This could be due to behaviors that are identified as dangerous to the patient and others, or result in repeated usage of prn medications.

Unit management or rehabilitative milieu management is based on principles of behavioral management, which are designed to create new conditions for learning and eliminate or reduce undesired behaviors. Direct care staff were able to identify the basic components of the behavioral plans as outlined in the clinical records. Each had a working knowledge of behavioral terms and strategies for intervening with the patients on their units.

Behavioral plans were clearly formulated outlining the process for implementing the strategies. Psychologists monitor the data regarding the effectiveness of the interventions. Direct care staff indicated that they were provided with multiple opportunities for training regarding the implementation of the plans. They indicated that the psychologists were always available for answering any of their questions. They also indicated psychologists were also available to hear any comments from the staff regarding observations and concerns regarding any treatment intervention.

Unlike several of the other mental health facilities, Catawba has chosen not to utilize a specialized behavioral consult team. Discussions between administrative and clinical staff during planning meetings regarding the implementation of behavioral management in the facility resulted in the development of a Behavioral Management Committee. This multidisciplinary behavioral management committee provides direct consultation to the treatment teams regarding behavioral strategies. This arrangement allows the teams to “brainstorm” with the committee regarding possible strategies for interventions as well as provides a mechanism for exploring issues, which may be interfering with the successful implementation of a behavioral plan. This approach allows for each team to increase its knowledge base and learn techniques for interventions with challenging patients.

OIG Finding 4.1: Catawba has developed a mechanism for empowering the teams in implementing behavioral strategies through the regular use of the Behavioral Management Committee.

OIG Recommendation: None.